

Court Interpreter Certification Program
REQUEST FOR RECIPROCITY

I hereby request that the Indiana Court Interpreter Certification Program, through the Indiana Supreme Court Division of State Court Administration, grant me certification reciprocity.

- ☐ I am a certified Court Interpreter in the State of _____. I have successfully passed all three parts of the oral skills exam developed by the National Center for State Courts Interpreter Consortium.

Certification number: _____.

Date issued: _____.

- ☐ I am a Federal Certified Court Interpreter.

Certification number: _____.

Date issued: _____.

Enclosed is a certified copy of my examination results, license, certificate and/or credentials. Please verify and grant me exam reciprocity.

Signature of Applicant

Date

Printed Name

Address

City, State & Zip

Phone number

Return this form to:
Indiana Court Interpreter Certification Program
Re: Request for Reciprocity
Division of State Court Administration
115 W. Washington Street, Suite 1080
Indianapolis, IN 46204